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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	CALY-012
First Named Inventor	Patrick A. Worfolk
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 056,178
Filing Date	January 22, 2002
Group Art Unit	2662
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MULTI-PATH DYNAMIC ROUTING ALGORITHM**

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) **01/22/2002**

(Title of the Invention)

as United States Application Number or PCT International

Application Number **10/056,178** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/589,631	06/07/2000	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 003897 OR ☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Thomas Schneck	24,518	David M. Schneck	43,094
Mark Protsik	31,788	Nissa Strottman	P-52,257
Gina McCarthy	42,986		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 003897 OR ☒ Correspondence address below

Name	Thomas Schneck		
Address	P.O. Box 2-E		
Address			
City	San Jose	State	CA
		ZIP	95109-0005
Country	USA	Telephone	408/297-9733
		Fax	408/297-9748

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Patrick A.	Worfolk

Inventor's Signature	<i>Patrick A. Worfolk</i>	Date	
----------------------	---------------------------	------	--

Residence: City	Campbell	State	CA	Country	U.S.A.	Citizenship	U.S.A.
-----------------	----------	-------	----	---------	--------	-------------	--------

Post Office Address	1526 Redding Park Lane
---------------------	------------------------

Post Office Address	
---------------------	--

City	Campbell	State	CA	ZIP	95008	Country	U.S.A.
------	----------	-------	----	-----	-------	---------	--------

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Serge				Plotkin			
Inventor's Signature						Date	
Residence: City	Belmont	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	2428 Coronet Blvd.						
Post Office Address							
City	Belmont	State	CA	ZIP	94002	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Shmuel				Ravid-Rabinovitz			
Inventor's Signature						Date	
Residence: City	Jerusalem	State		Country	Israel	Citizenship	
Post Office Address	36 Harav Berlin Street						
Post Office Address							
City	Jerusalem	State		ZIP	92506	Country	Israel
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Itai				Aaronson			
Inventor's Signature						Date	
Residence: City	Belmont	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	2328 Wooster Avenue						
Post Office Address							
City	Belmont	State	CA	ZIP	94002	Country	U.S.A.

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PTO/SB/01 (12-97)

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U.S. Parent Application or PCT Parent Number

09/589,631

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06/07/2000

Parent Patent Number  
(If applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 003897

☒ OR Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name

Registration Number

Name

Registration Number

Thomas Schneck  
Mark Protsik  
Gina McCarthy

24,518  
31,788  
42,986

David M. Schneck  
Nissa Strottman

43,094  
P-52,257

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  
Direct all correspondence to: ☒ Customer Number or Bar Code Label 003897 OR ☒ Correspondence address below

Name Thomas Schneck

Address P.O. Box 2-E

Address

City San Jose

Country USA

State CA

ZIP

95109-0005

Telephone

408/297-9733

Fax

408/297-9748

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Patrick A.

Family Name or Surname

Worfolk

Inventor's Signature

Patrick A. Worfolk

Residence: City

Campbell

State

CA

Country

U.S.A.

Date

Citizenship

U.S.A.

Post Office Address

1526 Redding Park Lane

Post Office Address

City

Campbell

State

CA

ZIP

95008

Country

U.S.A.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Serge				Plotkin			
Inventor's Signature						Date	
Residence: City	Belmont	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 2428 Coronet Blvd.							
Post Office Address							
City	Belmont	State	CA	ZIP	94002	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Shmuel				Ravid-Rabinovitz			
Inventor's Signature	Shmuel Ravid					Date	3/8/2002
Residence: City	Jerusalem	State		Country	Israel	Citizenship	Israeli
Post Office Address 36 Harav Berlin Street							
Post Office Address							
City	Jerusalem	State		ZIP	92506	Country	Israel
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Itai				Aaronson			
Inventor's Signature						Date	
Residence: City	Burlingame	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 1210 Bellevue Avenue, Apt. 204							
Post Office Address							
City	Burlingame	State	CA	ZIP	94010	Country	U.S.A.

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<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below	

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Mark Protsik	31,788	Gina McCarthy	42,986
John P. McGuire, Jr.	41,984		

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Address	P.O. Box 2-E				
Address					
City	San Jose	State	CA	ZIP	95109-0005
Country	USA	Telephone	408/297-9733	Fax	408/297-9748

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Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Patrick A.	Worfolk

Inventor's Signature				Date	
Residence: City	Campbell	State	CA	Country	U.S.A.
Post Office Address	1526 Redding Park Lane				
Post Office Address					
City	Campbell	State	CA	ZIP	95008
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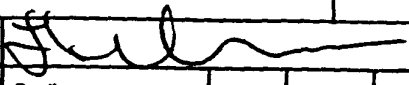
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Serge				Plotkin			
Inventor's Signature						Date	
Residence: City	Belmont	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	2428 Coronet Blvd.						
Post Office Address							
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Given Name (first and middle (if any))				Family Name or Surname			
Shmuel				Ravid-Rabinovitz			
Inventor's Signature						Date	
Residence: City	San Francisco	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	111 Chestnut Street, Apt. 303						
Post Office Address							
City	San Francisco	State	CA	ZIP	94111	Country	U.S.A.

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Itai				Aaronson			
Inventor's Signature						Date	8/14/02
Residence: City	Burlingame	State	CA	Country	U.S.A.	Citizenship	U.K.
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